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S IN TOPE		/	, \wedge	-	(Signature)
APPLICATION NO.	FILING DATE	TOTAL CLAIMS		EXAMINER AND GROUP ART UNIT	(Date) DATE MAILED
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ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY FEE DUE	DATE DUE
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Use of PTO form(s) and Customer Number are recommended, but not required. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (1) the names attorneys or the name of member a reand the name of member a reand the name.				a single 1irm (naving as a gistered attorney or agent) 2s of up to 2 registered patent gents. If no name is listed, no	Doane, Swecker
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropiate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE				4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks): X Issue Fee Advance Order - # of Copies	
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Fremont, California Please check the appropriate assignee category indicated below (will not be printed on the patent) individual Corporation or other private group entity in government				🔀 Issue Fee	
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